SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Moftham 🦼

Secretary of State **DIVISION OF CORPORATIONS**

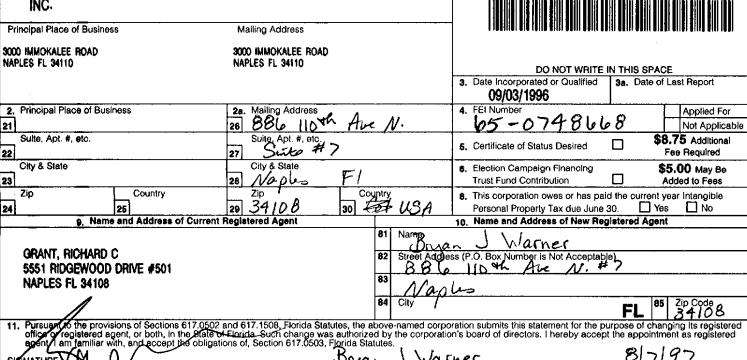
DOCUMENT # 1. Corporation Name N96000004556 (4)

OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION.

Dalmalan	Olean .	of Duninger
Principa	i Place (of Business

CITY-ST-ZIP

FILED Aug 22 1997 8:00am Secretary of State



Warner SIGNATURE ted name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE COLLINS, GREGORY A 300 IMMOKALEE ROAD NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS <u>Naples fl</u> 34110 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **SEIBERT, KARLA A** 2.2 NAME STREET ADDRESS 300 IMMOKALEE ROAD 2.3 STREET ADDRESS CITY-ST-ZIP Naples FL 34110 2. 4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME AUGHTON, WILLIAM G 3.2 NAME **300 IMMOKALEE ROAD** STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE Change Df NAME jensen, oivind e 4.2 NAME STREET ADDRESS 300 IMMOKALEE ROAD 4.3 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME GRUBBS, WILLIAM E JR 5.2 NAME 300 IMMOKALEE ROAD STREET ADDRESS 5.3 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental agruel report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of thustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

6.4 CITY-ST-ZIP